CONGESTIVE NEURASTHENIA

WHITTLE

19.F.19

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OR

INSOMNIA AND NERVE DEPRESSION

BY

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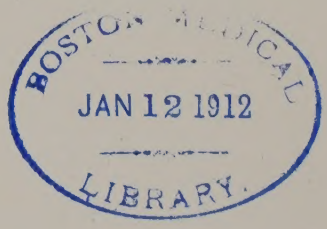
LONDON
H. K. LEWIS, 136 GOWER STREET, W.C.
1889

9980

PRINTED BY
H. K. LEWIS, 136 GOWER STREET.
LONDON, W.C.



PREFACE.

I THINK it desirable here to explain that this brochure does not profess to be a complete and systematic treatise on the subject of neurasthenia, nor of insomnia and nerve depression. Its purpose is to describe the special characters of a common type of nerve derangement, to prove that the insomnia and depression in this type are dependent on cerebral congestion, and to illustrate the remarkable efficacy of blood-letting, either by leeching or venesection, in its treatment. Hence, it should be understood on the one hand, that I am not describing every variety of insomnia, nor on the other is my description inclusive of every class of case benefited by leeching. The remedy has rarely fallen short of my anticipations in selected cases, but has very often exceeded them to such an extent that I have felt impelled to bring some of my experience before the profession, a step which I trust will be fully justified by the clinical evidence recorded in these pages.

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CONGESTIVE NEURASTHENIA.

In the course of practice there come frequently under observation, cases characterised by a vague set of subjective symptoms, not always clearly definable by the patient, not very urgent if judged by pain or by any objective signs, which may, indeed, be entirely absent. Yet an individual so suffering may be incapacitated from his employment; he may cease to appreciate the pleasures and comforts of life, and have no real interest in what has previously absorbed him. His subjective feelings may express a distress which he himself cannot describe, and which he expects no one else to appreciate or understand. These cases vary in severity from the lightest depression and sense of effort on exertion to the most aggravated forms of melancholia verging on the borderland of insanity.

General features of the malady.

They are classed in various categories, such as nerve debility, nervousness, melancholy, hysteria, hypochondria, neurasthenia, dyspepsia, liver de-

Vague and varied classification.

Treatment.

rangement, &c. The treatment is characterised by its variety, and in a large proportion of cases by its uselessness. Many are sent sea-voyages and continental journeys, which nearly always improve the health, even though they fail to cure the disease. The recommendation is safe, as the patient on his return usually says he is better (not well), and so far justifies the advice.

As for the medicinal treatment, it includes all the remedies ever discovered for a disordered stomach, others intended to act on the nervous system, some of which are calmative or sedative, such as the bromides, chloral, opium, &c.; others are tonic, such as strychnine, nux vomica, arsenic, zinc, and other metals. Iron is often used most indiscriminately; alcohol is recommended by one and condemned by another. Hence, the patient often comes with a pile of prescriptions bearing the marks of travel and age: he speaks of one agreeing with him or doing him good, but the majority are of no service.

Error of regarding the malady as fanciful or unreal when associated with apparent physical health.

The semi-hysterical aspect of these cases, both male and female, is such as to mislead the bulk of medical advisers, who, finding the patient physically sound, and often of ruddy aspect, look upon the

symptoms as trivial, the patient as nervous and fussy, and think they have done all that can or need be done in giving ten minutes discourse to demonstrate the groundless nature of his feelings, prescribing the usual bromide, thinking no more of the matter until the worrying patient again returns with the same old tale, until the doctor has hardly a fresh prescription to write, and ceases to interest himself in the case.

As above remarked, the symptoms are subjective and as there is often no departure from the aspect of health, friends are unsympathetic; the patient is often aggravated by insinuations that there is nothing the matter, that he can work if he likes, that he gives way, that he makes no effort, and that he could throw it all off if he tried.

Dr. Broadbent's opinion.

Dr. Broadbent speaks clearly on this point in describing cases of nerve depression with loss of arterial tension, in which the most varied treatment failed to cure. He writes, "they may have very high colour, associated with a number and variety of symptoms of which I can give you no idea. No patients are to be more pitied than some of these, who, looking to the uninstructed eye, the picture of health, are the

victims of misery from which actual pain would be an agreeable distraction. What makes it worse is that so little can be done for their relief. These cases are in special danger from alcohol." (*Lancet*, 1875).

It will be my purpose in these pages to define the symptoms of one type of these nerve cases in some detail, and to expound the principles of a rational and most successful treatment. No routine plan can be discovered uniformly applicable to so mixed a class, and each individual case has to be studied on its own merits. The most serious, and a very common error is to regard the symptoms as imaginary, and lead the patient's friends to believe that there is "*nothing the matter*." This is a cruel injustice often inflicted on these patients; they are keenly sensitive to any imputation on the honesty of their statements, and as they often think that no one has the same suffering as themselves, this scepticism of their advisers aggravates their despondency by convincing them that as their case is not understood, it must therefore be incurable. The diagnosis of "nothing the matter" is common in these cases and I have known the same asserted where serious organic disease existed in an early stage. I had

Injustice of diagnosing "nothing the matter."

not been long in practice before I became acquainted with several serious endings to cases that had been diagnosed as hysteria and accordingly pooh-poohed. One became the victim of spinal disease, another became insane, another died of phthisis, another of hip-joint disease. These and many other cases of serious organic disease have been pronounced hysterical and nervous in the premonitory stage and in the class of cases now under consideration there is a small proportion whose symptoms may be traced, on thorough examination to some slight organic defect, as in a case referred to subsequently, where an accumulation in the cæcum was discovered.

A case to illustrate the type.

I will now narrate a case which will serve to illustrate more precisely the features of the malady to which I invite attention, and shew how a little clinical observation led to a rational and rapidly successful treatment in an extreme case which had over a period of years proved intractable to the best devised measures.

The subject was a gentleman æt. 35, whose position and occupation afforded the greatest opportunities for relaxation; who, to full manhood had been exempt from all illness, whose family history was

Case. exceptionally good, who had no apparent predisposition to disease, who was well and strongly built, and had been accustomed to riding, rowing and other healthy exercises, whose disposition was naturally most cheerful, and who had no real care or anxiety to affect him, whose life was eminently moral and unblemished by secret follies, yet, without any apparent reason or adequate cause, beyond the strain of his ordinary occupation, he became the subject of such depression and misery, as to render his life an absolute blank for a time in regard to all pleasurable emotion.

When urged to consult me, he assented, but when I called he refused to see me on the ground that he had seen so many doctors, that there could be no hope of benefit in further advice, and I left the house with an apology and a guinea. Being induced to relent I again called. At first sight, putting aside the anxious, careworn expression of countenance, he would have passed as a healthy robust subject, about thirty-four years old. His manner was nervous, not in the sense of timidity, but of irritability and restlessness; he spoke hastily, and when once the subject of his health was introduced, he

betrayed an eagerness to acquaint me with every detail. Case.

He gave me the history of a nerve depression which had been coming on for years, but which for twelve months had incapacitated him from business. He had consulted the most eminent men in London, and by advice had spent several months abroad. He had taken all sorts of medicines, but knew of nothing which had proved of benefit, he spoke of the bromides as having been prejudicial to him from the quantity he had taken. He vividly described his symptoms, his hopeless state of despondency, and his inability to throw it off. There was no deficient power of reasoning on his own case, he was extremely conscious of his nerve weakness, and readily admitted how groundless and unreasonable his depression was. He owned to having no interest in anything but his own wretched condition, no pleasure or recreation could divert his thoughts more than momentarily, his misery haunted him night and day. He could not converse on any subject because he had not the power of concentrating his attention on it. He knew the folly and weakness of this, and the patient manner in which he would

listen to friendly remonstrance, or an exhortation to rouse himself, "to make an effort" as the saying is, would inspire his councillor with a confident hope that he was doing some good, but no sooner was the tone of assurance suspended, than he would again sink into the "slough of despond." Hence, he readily grasped my assurance that his case was not hopeless, and seemed eager for encouragement.

Physical signs and subjective symptoms.

His face was flushed, the eyes were watery and bright with small pupils, and the expression was one of extreme despondency, the forehead and cheeks being wrinkled and deeply lined. He had a feeling of tightness about the head, with occasional aching of a dull heavy character about the forehead. *The head was never comfortable.* His sleep was bad, rarely if ever having a good night, and the depression in the morning was intense. He could not read for any length of time. His memory according to his own statement was bad, but I doubted it. Such patients often complain of loss of memory when the faculty is really unimpaired. They cannot concentrate attention upon any subject, they are inattentive and as they in consequence take in no information, they cannot be said to forget it. The pulse was

Insomnia.

Memory.

Impaired power of directing thoughts.

about 68, full, soft, and prolonged; carotid and radial pulses visible, heart, lungs and other organs healthy. Circulation.

He had some misgivings about losing his reason. He could not bear to be alone, whilst he was absolutely unable to share intelligently or pleasurably the resources of general society. Dread of losing reason.

His tongue, the appearance of which he thought most important, was large, flabby, coated, white and the secretions about the mouth were scant and frothy. Appetite was not good, he could eat well but without relish. Bowels confined, but often relieved by pills. He had lost flesh and strength, and was indisposed for mental and physical effort, although under the pressure of encouragement, he displayed the possession of latent energies. Digestive system. Incapacity for effort with latent energies.

Being allowed every facility for the thorough study of his case, I for some time temporised in the matter of treatment with the view of ascertaining the precise nature of the symptoms. I was soon convinced of the uselessness of drugs, and of the necessity of bleeding. This was effected by the application of a dozen leeches over the mastoid processes and temples. The relief was incredibly great. Before Drugs useless. Depletion indicated. Effect of leeching.

the leeches had been on long, the deep wrinkling of the face and forehead disappeared, and he went into a deep sleep before a single leech had fallen. From this he was disturbed by the necessary attentions in removing the leeches, towels, &c., but he came lightly and gaily up to me in the morning with a laughing welcome, and the declaration that he had had a good night, and felt himself again. He certainly was not the same man. I, however, met his warm demonstration somewhat calmly, knowing that a speedy relapse was inevitable. So it happened, but relief was speedily secured by similar treatment. I need not detail the subsequent progress, it was rapid and culminated in a perfect recovery. Although adhering to a strict regimen during his cure, he had little medicinal treatment. His malady was always beyond the reach of drugs. Bleeding, I have no hesitation in saying, was the only means by which his cure could have been attained.

Cure by repeated leeching.

The special interest of the case lies in that fact, and it is demonstrated by his having adopted every other means within his reach, taken the best advice, stopped at no expense, and in my own experience, I found him to be the most tractable patient I ever

had. He had not to be urged and driven. Nothing more was necessary than to give a clear instruction, and it would surely be carried out without any supervision.

Although a typical case, it is neither a rare nor an exceptional one. There are hundreds of such cases thoroughly incapacitated from work, wretched valetudinarians, a burthen and worry to their friends, accepting their dismal fate as inevitable, spending their time at health resorts, hydropathic establishments, taking sea-voyages, tantalising themselves with pleasures they long to share, but are utterly incapable of appreciating, yet never getting well. What is the reason? It is that the nervous patient is always regarded as a feeble being, who needs rest, change, nursing, good dieting, tonics, and plenty of prescribing, or, on the other hand, his symptoms are regarded as fanciful, and requiring no treatment. He is himself averse to all so-called lowering measures, and is readily convinced that a supporting treatment is needed.

This case a type of many.

The "nervous" man not necessarily a weak man.

The intractable character of these cases is recognised not only by the public, but by the profession, and astonishment is expressed, not because such

Difficulty of cure.

patients are always ailing, but that one should ever get well after several years of nerve disturbance. I never hear of any being bled, and my best friends do not hesitate to express themselves as sceptical about the possibility of curing cases of melancholia by depletion. They ignore the physical strength often possessed by these individuals, because their brain congestion induces great lassitude, which is mistaken for weakness. The weakness lies in the driving power, the Will, not in the machinery, the Body, which may be organically sound. On the other hand, let me not be understood to recommend depletion for all nervous patients, although in this work I wish to restrict myself to the consideration of what I may describe as the Congestive Type of Insomnia and Nerve Depression requiring this form of treatment. The cases require careful selection, as a reckless application of this most valuable resource to inappropriate cases will only serve to bring it into disrepute. Even in the non-congestive type, I would rarely, if ever, adopt the stimulating and overtonic measures so generally believed in. A little experience shows how few tonics suit nervous patients, and careful observation can alone lead to a

Depletion restricted to congestive type.

Over-tonic treatment of nerve cases.

good selection. No routine system can be applied. Quinine and iron usually disagree; stomachic tonics as gentian, mineral acids, &c., do neither good nor harm; strychnine has to be given with great caution, and arsenic is perhaps the safest and most useful tonic in many cases, as Dr. Clifford Allbutt has shewn.

Failure of drugs.

Although many conditions might be described as having a causative relationship to this malady, they may be briefly and almost fully summed up in the term "brain-strain." It only remains to consider what forms this brain-strain assumes, in what manner and under what conditions it acts and its results.

Cause of malady.

Brain strain.

The majority of cases begin between the ages of thirty and forty, very few under twenty-five or over fifty. This includes the most active and wearing period of life; if a man can stand the strain of this period, he will be proof against anything he may encounter afterwards.

Age.

Nerve depression beyond these limits is usually of a type different from that under consideration, and is often allied to the insane condition.

It occurs in males more frequently than in females. The patients offering the most typical illustrations I have seen have been in very good

Most often in men actively engaged in good positions.

circumstances, *but actively engaged*, the most constant factor in the production of this condition being continuous brain-strain.

Meaning of brain stain.

By brain-strain, I do not mean a conscious or painful strain, but a more or less *continuous state of mental tension*. This is so constant as to be an aid in diagnosis, but the physician must judge for himself of the character of the strain, as men will always underrate their brain efforts. They will cheerfully assert that they have had nothing more than usual to do, no extra trouble or worry, but on enquiry you ascertain that although nominally spending but a limited number of hours in business, the nervous system is constantly strained during that period by the nature of the work.

Stock-exchange work is the best type of this. Many other businesses impose weighty responsibility and constant care in their management. The director on his arrival home, does not throw off his business train of thought, he thinks of the letters he has written or which he ought to write, of his day's doings, of his morrow's engagements. To this constant strain, a little worry or anxiety may be added, such as all business men are familiar with in

connection with their various undertakings, pending ventures, and all affairs whose issue is involved in a degree of uncertainty. In such situations there is brain-tension which would be recognised as anxiety did not custom deaden its acuteness. The depressed energy that supervenes is put down to liver, laziness, or the want of a little stimulant. Under the influence of dinner, &c., this condition is temporarily recovered from, but relapses are easily induced, becoming more and more confirmed until the stage of chronic fatigue is reached, for which rest and change are prescribed, very often with the most satisfactory results.

Brain tension.

Ending in chronic fatigue.

Brain fatigue is unfortunately not so readily recognised as muscular fatigue: there is the weaker action, with greater sense of effort, but a cup of tea or a glass of wine is looked upon as the appropriate remedy. Were it a weary muscle, the owner would rest it, but being his brain he applies the spur. As long as he is awake he expects his brain never to flag or be weary.

Brain exhaustion.

Hence, although I lay great stress on a congestive condition of brain as an essential pathological factor in one type of case, it must be at once understood

Brain congestion secondary to brain effort.

that I always regard this as secondary to tissue change of the nature of wear and tear, induced by brain effort or excitement. The congestive condition is not the primary phenomenon, it is not the original cause of the symptoms, but I believe it to be capable of perpetuating them when once established.

Temperance.

The subjects of this break-down or brain-strain are active, energetic, and intelligent, the sluggish and stupid are exempt. This fact accords with the origin of the symptoms from brain-strain. The active brain, like delicate and rapid moving machinery, is more prone to wear and tear. The sluggish never wears itself out.

Origin of chronic congestion.

Let us now enquire how brain-strain induces this derangement, and what is the essential pathological state underlying the symptoms.

Normal physiological congestion.

It is a physiological fact that when any part of the body is thrown into action, there is a fluxion of blood to the part. The brain is no exception to this rule, and there is no organ so readily affected by disturbance of its circulation. The precise changes that occur in the arteries, veins, capillaries and the tissues they supply, with their mutual relationship are most imperfectly known. Physiologists have

not yet determined the condition of the circulation even during natural sleep and its relationship to the phenomenon. It is vaguely described as "anæmia"; but if we ask what the anæmia means we will find ourselves very little the wiser. Of course on these points there is abundance of theory and speculation, which flourish like weeds where there is a dearth of facts.

Brain congestion, an obvious clinical fact though pathologically obscure.

The broad fact must, however, be admitted that as circulatory changes are associated with the various natural and healthy phases of brain activity, so in many instances may they exist as a source of morbid feeling and action. There can be no doubt that the brain is subject to acute and chronic congestion equally with other organs, and although we are so much at sea in regard to the precise pathological signification of these familiar terms their clinical application is not so difficult. Congestion, as a clinical fact is recognised: its minute pathology awaits further elucidation.

Its mode of origin.

The pathological condition of the type of nerve depression now under consideration may be described as a simple congestive condition, varying in degree and acuteness, and related to the natural

physiological congestion which is the result of ordinary brain efforts. It is an exaggeration of this natural condition, *an ultra-physiological congestion*. In the healthy exercise of brain function the determination of blood to the organ is of short duration; it produces no pain but merely exalted activity of thought or emotion. It is succeeded by a diminished fulness of vessels and a retardation of the circulation with the symptoms of weariness and exhaustion to be relieved by repose or sleep.

It is an ultra-physiological congestion.

If the brain in this condition of weariness, the reaction of normal effort, be forced into continued action, the circulation, instead of subsiding, becomes further accelerated and we approach a morbid condition. Instead of a healthy fatigue we may get an unwholesome excitement with obvious signs in some subjects of vascular fulness (flushing and heat of head and conscious pulsation of vessels), pain or senses of fulness and tightness about the head followed by inability to sleep. It is a matter of common experience that unwonted mental exertion and excitement may cause a fluxion of blood to the brain and that sleep will not come until the heat of head and conscious throbbing are reduced. Insomnia is a constant symptom in this class of sufferers.

Developed by prolonging the action of a tired brain.

Insomnia a consequence

Such I believe to be the mode of origin of this nerve depression, which is found to occur in energetic people of good intellectual power, sound physical and healthy vascular systems; not in the phlegmatic, obtuse and insensitive. In the latter the brain does its work more slowly; it is less prone to sudden congestion with exalted activity: they are not familiar with the excitability or the depression of the former: they do not go to extremes.

Habits.

It is easy to understand how the subject of cerebral congestion may be either a sober, steady, temperate man or a *roué*. Honest labour, with none but cultured and innocent pleasures may in one case induce that brain congestion which in another is due to over-stimulation, over-excitement and dissipation. An enthusiastic temperament usually exists in both, they are men of energy, but their energies are spent in different channels.

The brain strain I have been speaking of is certainly a usual antecedent of the more chronic cases, or of those whose onset is gradual, whose origin is obscure; but a certain proportion of cases are of an acute character being due to worry, trouble, shock, &c. These are cases of acute brain strain. A vast

Acute brain strain.

number of them are met with in practice and of widely different types, varying with the temperament and constitution of the individual, but when mental depression without delusions is associated with insomnia, I have no hesitation in saying that the main condition demanding attention in the majority is the cerebral congestion.

Symptoms may be dependent on congestion alone.

I quite recently treated a case of severe mental depression and insomnia of several months duration, which yielded to treatment in twenty-four hours.

Cases illustrating this fact.

It occurred in a lady who I doubt not might have been successfully treated by bromides, tonics, change of scene, &c., but it would have probably taken months to effect a cure. The brain congestion in this case was caused by trouble, acute in its onset but chronic in its duration. Misery and depression were the chief symptoms, the physical health being perfect. Immediate and permanent relief was secured by leeching. An equally satisfactory cure was effected in the following case by a few leechings, light diet and abstinence from alcohol.

Mr. H. J. consulted me in 1883. For about seven months he had suffered from severe insomnia, accompanied after a time by extreme depression.

He was always strictly temperate, sound and strong. He consulted some eminent men in London, who treated him for nerve debility, ordering tonics, generous diet (which always made him worse), rest, change, &c. One authority assured him after careful examination that there was nothing the matter with him, though he offered no explanation of the insomnia. He went to Jersey, Ventnor and Scarborough. At the latter place he met a gentleman who, having recovered under my treatment, advised him to come to Brighton. When I first saw him he had the signs of cerebral congestion pretty well marked with the characteristic symptoms of insomnia and nerve depression. He looked over thirty, was of slight spare build, and, putting aside his downcast careworn features, had the aspect of health. He could not account for his insomnia, which had come on acutely. It must have originated in the ordinary brain-strain of his occupation (stock-jobbing). In addition to special medical measures to secure sleep, he resorted to various devices such as pacing his room, changing his bed and his room, reading, &c. Every symptom yielded immediately to depletion, recovery being practically immediate.

I do not remember giving him any prescription for medicine. I give these two cases together, as they illustrate the simplest and most uncomplicated type of insomnia and nerve depression. Contrary to rule there was no relapse in either case. *Congestion must in each have been the essential pathological factor, or leeching could not have effected such immediate relief.*

Subjective character of the malady.

I have already alluded to the unjust aspersions ignorantly cast on these cases by those who have no sympathy with low nervous states, who upbraid the sufferers with their weakness, set themselves as noble examples to imitate in the time of despair, boasting of the manner in which they treat the troubles of life. The unhappy victim of cerebral congestion is familiar with this, and hardly knows how to reply, having nothing to show as a cause or a consequence of his distress. He cannot deny that "there is nothing the matter," and reproaches himself for his weakness in not making up his mind to get well at once. But this depression is far beyond the influence of the Will, no voluntary effort can remove it, for although under the influence of cheering and lively sympathy it may be temporarily relieved, the morbid congestion is still present, and

Objective signs of congestion overlooked.

a light heart cannot be long maintained. Even physical pain of organic origin may be temporarily forgotten under excitement, but it is not cured thereby. The depression in the case described on page 6 was so profound, that it could not be relieved even for a moment by any device, although it was lost during the temporary subsidence of the congestion effected by leeching.

Acute trouble tells on all more or less, but in few does it result in this form of depression. In most cases there is the brain-strain of a continuous character already described, in others there may be nothing very definite in the way of antecedent trouble, anxiety or strain. In such cases there is often evidence that the brain will not stand what may be called the "normal tension" of business affairs or every-day life, becoming exhausted after moderate effort. I have seen such cases attain nerve stability by reducing the work, or by a break in the day for sleep.

Intolerance of ordinary brain strain.

Some cases, however, have an acute origin, and are distinctly due to sudden trouble. These are cases of acute brain-strain. The case of J. B., described later on, is one of this group, and it

Insomnia and depression may have acute origin.

conclusively proves the possibility of brain congestion being induced by trouble, and being perpetuated with the symptoms of insomnia and melancholia. The majority of those suffering from acute trouble can console themselves by some form of distraction.

Danger of alcohol.

Alcohol is a dangerous resource; it may induce congestion and insomnia, and it is specially perilous to a sensitive brain. Many are so constituted that they can pass through crises without excitement, through ruin without depression. Needless to say, such are not the victims of melancholia.

Although habitual intemperance does not by itself induce this condition, yet it is common to find that patients have had resource to alcohol in order to relieve their depression, a most perilous device. Many of the cases of fine intellects which have fallen victims to alcohol have undoubtedly begun in this way. Some will own to taking stimulants too freely but without any craving for them; they regard them as suitable remedies, and are often advised to use them even by medical men who are led by the symptoms of despondency to conclude that tonics, full diet, and wine are needed. A temporary respite is followed by still deeper depression and habitual

intemperance may supervene if proper treatment be not adopted.

Intolerance of alcohol a feature of the congestive type.

It is almost an invariable rule that these cases are intolerant of alcohol, and that even a moderate amount will "fly to the head," and disturb their mental equilibrium. I have already stated that a congestive condition of brain is the essential pathological feature. If absent, the case is not such as I am describing. In these subjects it is readily induced, not only by stimulants, but by any means which in healthy individuals would induce normal cerebral fluxion. The predisposition can only be described as one of temperament, its nature as already stated, is ultra-physiological, but this does not explain everything, and a further consideration of the symptom may throw some light on the pathology, or explain the manner in which brain-strain acts.

Pathology.

Influence of sympathetic.

Vascular tone essential to healthy circulation.

It is well known that the sympathetic nervous system has a large share in the control of the circulation in its normal as well as in its deranged states. A blood-vessel having a muscular coat, has a normal 'tone' in health, just as a muscle has. This 'tone' in the artery is represented by that condition in

which the calibre is maintained, within certain limits, resisting distension on the one side, or undue contraction on the other. This tone is not a purely mechanical or physical property, but is largely dependent on the sympathetic, and if this be lost or impaired, the resistance in the vesssl is diminished. The circulation is deranged; for want of a better term we call this derangement "congestion." This so-called vaso-motor paresis or loss of sympathetic nerve influence over the vessels, is analogous to the flabby toneless condition of muscles deprived of their nerve-supply. It may be diagnosed by the existence of visible pulsating arteries, full, yet soft and compressible. This softness of pulse is usually interpreted as lowness and weakness, and is erroneously supposed to contra-indicate bleeding or any but tonic treatment. It may, however, exist in general plethora. Bleeding is the true tonic in such a case. There is abundant experimental proof that the sympathetic has a regulating influence over the supply of blood to a part, and that it is affected in these cases is shown not only by the visible arteries, and the tendency to determination of blood to the brain, but also by the large number of symptoms

Signs of loss of vascular tone.

Evidence of sympathetic derangement.

referred to the abdomen as flatulence, pain and all manner of disordered sensation. Palpitation is also common. Withdraw the influence of the sympathetic from a part experimentally, or by disease, and there are quickly shown redness, heat, and disturbed function, but not inflammation nor degeneration. This is what we have in the brains of these patients. Their heads are sensibly hot; there is visible flushing of superficial vessels, and the brain functions are disturbed. The man who complains that he cannot think, is really never doing anything else; he cannot stop thinking. The brain will not take its rest. Its action is uncontrolled through loss of the break-power vested in the sympathetic. Its condition resembles that of a mill broken loose in a storm, whose activity whilst unarrested is spent upon itself, in wear and tear that may end in wreck and ruin. So also with the brain. Its ceaseless action is worse than wasteful, it is destructive of its own tissue, generating excessive heat, perverted thought with unnatural mental condition and feeling. A patient in answer to my enquiry about his sleep said:—"My body sleeps but my mind never does." I do not know that a better description could be

Involuntary brain action.

"My mind never sleeps"

given of the slumber, rendered half conscious by vivid dreams, that fails to rest or refresh the mind. If brain strain be the essential cause of this condition, why, it may be asked, should such importance be attached to the sympathetic derangement?

Relationship between sympathetic and cerebral derangement.

The relationship between the brain and sympathetic is the closest possible, it is one of mutual dependence. The brain, roused to action, makes the demand; the sympathetic responds and regulates the supply. By too prolonged brain action the sympathetic influence is deranged by over-excitation, exhaustion supervenes, which results in loss of vascular tone. The first and wholesome sign of brain fatigue is anæmia, indicated by pallor, with a not unpleasant feeling of weariness or drowsiness. The sign of chronic fatigue is congestion, indicated by redness, with irritability, restlessness, and insomnia.

Healthy fatigue associated with with brain anæmia.

Exhaustion or chronic fatigue by congestion.

Visceral irritation may induce congestion and involuntary cerebration.

There are, however, certain cases which have an apparently visceral origin. In such, how is brain strain produced? Visceral disturbance may exist to a large extent without mental depression, nor will this be induced as long as the irritation is limited to the abdominal sympathetic. When the subjective

feelings, aroused by such derangement, predominate, so as to interfere with ordinary thought, a morbid self-consciousness is induced, involuntary brain action follows, and the usual symptoms of brain strain are developed. This morbid self-consciousness is specially liable to occur in functional derangements of the sexual organs. If, for instance, a man becomes melancholic on finding himself impotent, the essential cause is brain shock, and the sympathetic derangement of his viscera is only a remote cause. Until the impotence was recognised, the sympathetic disturbance was limited to the abdomen; the sudden discovery produces an emotional shock, which determines cerebral congestion. Such a case might be described as of visceral origin, but it would be more correctly classed as one of acute brain strain. The action of the sympathetic on the vessels is inhibited, cerebral fluxion follows, and may persist, as already explained in the description of hyperphysiological congestion. In such a case the treatment should be directed to the brain congestion, preliminary to any attempt to cure the impotence. The reverse method of stimulating the generative organs by aphrodisiacs is often mischievous.

Visceral disturbance arising from cerebral disturbance.

That all abdominal functions can be influenced by brain conditions is a matter of daily experience. The tongue cleaving to the roof of the mouth in sudden shock, the anorexia, intestinal disturbance, &c., in anxiety are marked instances, but they show how close is the connection between the head and abdomen, all these phenomena being dependent on the association of the brain and sympathetic nervous system. Hence it would be absurd to deny that the deranging influence may start from either end of the nerve circuit. Visceral derangements may, in my opinion, produce profound mental effects by reflex action, but to regard abdominal visceral derangements as the primary and continuous cause of this form of congestive neurasthenia, is but rarely true. In investigating these cases I carefully search for visceral disorder, and the clue to successful treatment may there be found, as in the cases referred to subsequently, where the subjective feelings of an obscure visceral lesion induced this form of chronic brain strain.

Classification by origin from acute or chronic brain strain.

Hence, these cases may be broadly classified as acute and chronic brain strain. In the chronic case the normal physiological congestion following ordi-

nary brain effort is prolonged and exaggerated, when it may be described as ultra-physiological. When thus established, it may be maintained for months or years with no appreciable subsidence, causing involuntary cerebration, as seen in the constant brooding by day and night, with light dreamy unrefreshing sleep. Congestion, I again repeat, is not the only factor, but it is an essential characteristic. If it be absent, the case does not belong to the type I am now describing. Many cases are met with presenting many symptoms in common with this type, but of entirely different nature. They may be anæmic. With such I am not now concerned, and neither the present description nor the treatment I specially call attention to, is intended to apply to them.

Congestion the characteristic feature.

The acute cases only differ from the chronic in their origin from sudden shock or brain strain. They are comparatively rare.

Many maintain the essential feature of these cases to be simple "wear and tear," and on this too narrow view base their treatment by full diet, tonics, nervine stimulants, &c.—the utter uselessness of which is so commonly recorded by these patients.

Theory of "wear and tear."

I am reluctant to admit that there is any waste of nerve tissue not compensated by repair. I consider the more probable sequence of events to be firstly, brain strain with normal waste and repair; secondly, the normal physiological congestion prolonged by effort, excitement or habit; finally ultra-physiological brain congestion with active waste and *repair*.

Sequence of events.

The problem is to restrain the active waste of nerve energy, to control the function; not to stimulate nutritive processes. The engine does not want feeding: it wants the brake power restored. This done the patient will recover without the aid of phosphorus, cod-liver oil, wine, &c., of which as a rule he is most intolerant.

If the waste were excessive and not compensated by repair, immediate relief, so common a result of the treatment by depletion, could never be obtained. On the other hand, it is easy to understand this on the theory of congestion. The over-distended vessels are visibly relieved, the aspect of the patient is changed, the brain is freed from irritation of an over-active circulation, sleep follows, and involuntary cerebration ceases.

Early symptoms.

The earliest symptoms of this condition are those

of slight nerve exhaustion and depression, most marked in the morning. Even after a fair night's sleep the mind is clouded, the body weary, and there is a want of that light, vigorous, refreshed feeling that should be experienced after sleep. Patients say their sleep seems to do them no good. There is no inclination to rise, and the day's work is looked forward to with a heavy heart. Needless to say how many are familiar with these symptoms in greater or less degree. They are often transient, experienced during a period of anxiety, and lost when the crisis is over, calling for no active treatment. The morbid case is that in which there is no evident cause. In the midst of active work, usually quite congenial, there arises a feeling of apathy, dulness, incapacity and oppression, an undue sense of effort, however trivial the task that demands attention, and an exaggerated self-consciousness. The organs of an individual in health do their work unattended by any morbid sensations, but when they discharge their functions badly they become the seat of discomfort, not always of pain; in some cases because the organs are not sensitive, and sub-acute or chronic congestions being gradually acquired, and only one

stage removed from the normal condition do not produce any violent irritation. Although an inflammation is invariably attended or preceded by a congestion, this may frequently exist without inflammation, and there is no better illustration of this truth than the cases now under consideration in which inflammation never occurs although the congestion may

Head symptoms.

persist for years. Although there may be but little pain, there is a never failing uncomfortable feeling about the head, variously described as tightness, numbness, fulness. Although these characters may be more intense in one part than another, *there is no strict localisation.* The head is uncomfortable everywhere, although it is usually worst across the upper part of the forehead from temple to temple, in some cases it is worst at the back; it is never unilateral.

In marked cases there is throbbing especially after stimulants or meals. In this general diffusion of discomfort it contrasts with the localised character of neuralgic head affections. There is a feeling of heat obvious to the hand applied to the head. Many have great difficulty in describing the peculiar abnormal feelings about the head.

Giddiness.

Vertigo may occur on stooping, excitement, on

exertion or in some cases without any evident exciting cause.

Undue self-consciousness is associated with a corresponding difficulty in concentrating the attention in other channels. Hence, loss of memory is complained of, and patients will even say that their faculties are failing them, although, I am sure in these cases the intellectual powers exist unimpaired. They do not think clearly on subjects because their attention is abstracted by self-consciousness. There is involuntary cerebration. The mind becomes possessed of ideas relating to self. Each patient believes that *no one suffers like himself* and *that he will never be himself again*.

Self-consciousness.

A comm convicti

In a mild case the self-consciousness may be suppressed by the diversion of outward things, but in a severe case, such as that described on p. 6, nothing can interrupt it, and then there is utter incapacity for the conduct of business affairs. The intellectual powers are masked but not lost even in the worst case, thus differing from the melancholia of the insane, where there is a radical mental derangement. The question of sanity is raised in severe cases, and the sufferer is often depressed by

Dread of insanity.

the fear that his mind is giving way and that he is on the high road to an asylum. This fear is happily groundless, for these cases although possessed by a constant sense of misery and all kinds of unnatural feelings, *have no real delusions.* They may utter absurdities in a half-serious tone, profess apprehensions of poverty, asserting that they will die in the workhouse, &c., but they never think that their means are exhausted or that they are already ruined, and if there be anything unreasonable in their ideas they can be convinced by reasoning, but in the insane melancholic the delusion is usually a mental fixture, arguments and assurances being of no avail.

Mental perversion but no delusions.

The subjective feelings of these patients are real, not imaginary, nor misrepresented, nor exaggerated, as is so often assumed. They are as genuine as the subjective feelings of any organic disease. There is nothing unnatural nor unintelligible in their symptoms. A congestion in the brain induces pain and disordered function (misery and insomnia) just as a gastric congestion induces pain and indigestion. The unfortunate, who suffers from brain congestion, is put down as a nervous man, and is told to imagine there is nothing the matter with him. His

Acute subjective feelings.

symptoms are, however, real; not fanciful; he is melancholic, but is neither hysterical nor insane. All perversions of feeling are recognised and regretted; he worries that he is getting so mean that he hates to spend a shilling; that his taste for music, reading, or any other hobby is lost; that his affection for his friends, his horses or dogs is not as it was. In spite of all this perverted feeling, he is a rational man, perhaps more so than they who try to reason him out of his condition, by arguing the unreasonableness of his feeling, the very thing of which he is already consciously convinced.

Morbid fears and apprehensions.

Some have a feeling as though something dreadful were about to happen to them; they avow their lives are not worth living, and wish themselves dead. Suicidal ideas are entertained, but rather in the way of dreading such a terrible issue than of taking steps to carry it out. I believe such cases never commit suicide; despite their misery they cling to life: they fear death rather than court it.

Tendency to think and talk of nothing but self.

One common feature of the self-consciousness resulting from brain congestion is the eagerness with which the patient will talk of himself. This is the subject of which he never wearies, sometimes as

in the case described on page 6, the only one on which he can converse. He will return to it again and again with the same person, feeding his hopes on the same assurances, and consoling himself with the same sympathies. I am now speaking of advanced cases, though it is not an uncommon feature in the early stage; and at the *table d'hôte*, promenade, or wherever a listener of five minutes acquaintance be found, he reveals the morbid symptoms for which he is seeking rest and change. Hence, the unjust and uncharitable opinions that are expressed of such cases, that they are weak minded, that their ailment is imaginary, and that there is nothing the matter with them but nervousness.

The most important and characteristic symptoms are nerve depression and sleeplessness. The depression in mild cases may be slight, and only felt in the morning, passing off after the excitement of work or the stimulus of suitable food. It should be noticed that it is greatest in a state of inactivity. It is not aggravated by moderate exertion, and may be temporarily relieved thereby. In this respect it contrasts with the depression of certain cases of nerve and physical exhaustion from overwork, which is

Depression.

relieved by rest, and induced by exertion. Such cases require supporting diet, tonics, and brain rest.

Facial aspect.

The depression may be so profound as to be reflected in the features, which become wrinkled, careworn and downcast, combining the lines of age with the florid aspect of youth. Whilst, however, the wrinkles of age are due to wasting of fat and intermuscular tissue, and are irremovable, these are due to the contraction of the muscles of expression, dependent on brain irritation, and are curable. In proof of this, I refer to the first case I leeched, where after a free flow of blood and consequent relief of brain congestion, the muscles of the face relaxed, the skin became smooth, and the whole expression changed. I have observed this in many other cases, but never in a more marked manner than in this case.

As the depression is usually of gradual development, rarely attaining its full intensity acutely, it is easy to understand that in the early stage it is slight and may be overcome by effort. Any real source of worry intensifies it rapidly. The patient loses all interest in his surroundings, and everything is undertaken with reluctance, and a great sense of

effort. The advice is often given to take wine, full diet, seek exciting recreation, but in cases of the congestive type the symptoms are thereby aggravated. Health resorts are frequented with little or no benefit. Every effort to remove the melancholy by exciting pastimes is fruitless. I have known many who were most favorably situated for the enjoyment of healthy pursuits, as hunting, lawn tennis, society, public entertainments, but few are cured by such means. They may be useful as adjuncts in treatment when carefully selected, and used in combination with other means.

Is the depression due to Insomnia?

The depression may be partly due to want of sleep, but not entirely or mainly so, for neither natural sleep nor the use of sedatives removes it, whilst I have often seen it removed by depletion. Some patients have an instinctive feeling of some relationship between them as they often say, "if I could sleep I'm sure I'd feel better." Moreover, depression often precedes the insomnia by a distinct interval. A favourite attitude is sitting down leaning forward with the elbows on the knees, and biting the finger nails. I have known this alleged as a sign of insanity on good authority, but many who

have no experience of melancholia indulge in this habit. A predisposition to nerve disturbance may often be found in such cases.

Though self-absorbed, thinking of none but himself, he should not be described as a selfish being. He sees the whole world happy, and he cannot witness the cheerful scenes to which he is advised to resort, without lamenting that condition which converts him into an isolated miserable unit. Hence, he is liable to be impatient and irritable in temper.

Insomnia.

Insufficient sleep is one of the most constant phenomena. In the earlier stages, and in mild cases it is of course not unusual to have a good night, but in severe cases it is very exceptional to have a long sound sleep. Many sleep the early part of the night waking in two or three hours with an unrefreshed but "wide awake" feeling, and for the rest of the night only light snatches of sleep are secured. The night restlessness is in some cases so severe that the sufferers are unable to remain in bed, and may even wander about for hours as in the case of J. B., p. 80. Suicidal tendencies are naturally suspected, and great anxiety is experienced during these night wanderings.

Night wandering.

Dreams. The sleep of some is so occupied by vivid and often horrible dreams, that they have the conviction in the morning that they have hardly closed their eyes all night. Hence, an unconscious exaggeration in the accounts of some patients.

All sorts of devices are resorted to to procure sleep, such as walking about the room, getting into another bed, eating, reading, &c.

When cerebral congestion occurs at the climacteric without brain irritability, the sleep may be profound but unrefreshing. This illustrates another clinical type, and is often associated with numbness in the arms or legs, drowsiness, lethargy and general depression in otherwise physically sound constitutions.

Special senses. The eyes usually look small on account of a slight approximation of the lids due to the wrinkling of the forehead and face. There is some intolerance of light, but not so marked as to be specially complained of. The eyes have a bright, watery, glistening appearance, and in some the vessels are seen large and distended. The lining of the lid is very red; the pupils are small. Vision is often hazy, or an appearance as of a misty veil in front of the eye often occurs. Aching and fulness of the eyeball are

often felt. The eye is easily fatigued by reading, the letters appear to run into one another, and the head symptoms are aggravated.

The hearing is acute, often over-sensitive, rendering the patient intolerant of sound. Singing and other noises in the ears are often complained of. The subjects of this form of nerve depression are as has already been stated, well nourished, not often fat but muscular, wiry, of robust build, good family history, and are usually able to assert that their lives have been free from illness. They eat quickly but without much appreciation of the pleasures of the palate. They say their digestion is bad, their stomach and liver out of order, and that their food does them no good. Liver and stomach are blamed for all, and as the medical treatment is often based on this view with a certain amount of benefit, it is difficult to convince such a patient that his liver is not primarily at fault. It is true the tongue is usually whitish, the patient insists that it is brown at the back, even if it be clean in front; it may be large, the salivary secretions may be scant, the mouth may be clammy, and all these symptoms may be worse in the morning, yet in spite of the tem-

General appearance.

Digestive functions.

porary relief afforded by blue pill and black draught, this digestive disturbance is only secondary to the nerve disturbance, and does not deserve the prominence assigned to it. Digestive derangement due to nervous states is an every-day experience. A sudden shock will dry the mouth by arresting secretion, impede swallowing and destroy all inclination for food. The acute and often profound gastric symptoms occurring during migraine are by many considered secondary to cerebral disorder.

Few patients take more medicine, though as a matter of fact, few require less. The liver disturbance is but an offshoot, the root of the mischief lies in the nervous system.

Often the victims of quacks.

As impotence and other sexual derangements often co-exist with melancholia and insomnia the advertising quacks, by exaggerating the importance of these symptoms, rouse the fears and plunder the pockets of their victims, and as masturbation may at some time or another have been practised they dwell upon it as the root of the evil, and intensify the mental distress of the patient who would quickly escape from such terrorism if he were not assured of a cure by secret and expensive remedies.

Impotence is in these cases, usually secondary to the nerve depression, but it is too often regarded as the main symptom, all the treatment being directed to its removal on the view that if successful the patient will in every other respect be made sound. There certainly are cases in which impotence is a primary symptom and nervous depression usually co-exists. I have known acute and profound depression supervene in a man on finding himself impotent, but I am not at present concerned with these cases, but with those in which the impotence is secondary. The melancholy is intensified by consciousness of sexual debility, just as in some cases it may be induced by it. In fact, the impotence and melancholy react, each aggravating the other. Impotence.

There is a great proneness to mental depression in other affections of the generative organs both in men and women. I have just been consulted by a gentleman whose melancholy supervened on an attack of gonorrhœa two years ago which was incompletely cured, a gleet remaining for a year. He had consulted several doctors who treated him either for stomach derangement or nerve debility, but dis-

regarded the local trouble. As treatment was never followed by material improvement he came to me convinced that his impotence and misery had some local origin, and that as his previous advisers ignored it, the failure of their treatment was thereby explained. I expected to find him free from any local disease, but on examination a gleety discharge was detected. The anxiety and worry of this intractable malady had undoubtedly induced the melancholia. The diagnosis of "nothing the matter" was here erroneous, and he was unjustly accused of harbouring a delusion. The case is interesting in having a very obvious local lesion associated with the depression: it was, so to speak, a rational depression.

Active morbid conditions not to be overlooked.

It illustrates the importance of thoroughly investigating these cases so as not to overlook organic disease. When nervous men give their peculiar accounts of morbid feelings which do not correspond with any special malady, it is common to diagnose nerve debility, which in their estimation often means nothing; and no attempt is made to find any pathological condition to explain the symptoms. I grant it is the exception to find any organic disease but it is sufficiently common to warrant the

greatest caution in the search for it. A gentleman recently consulted me for nerve depression associated with vague abdominal symptoms, pain, flatulence, dread of food, etc., his adviser, an eminent London consultant, had treated him for nerve debility and indigestion. His real trouble was a fæcal accumulation in his cæcum.

A parallel series of cases exists in women, who with nerve symptoms, but without objective signs are classed as "hysterical." When I was a student the diagnosis of hysteria was very frequent. Many of the cases I am now describing would have been called "hysteria in men." Personally I own to finding cases of genuine hysteria so exceedingly rare that long periods may pass without my meeting one although neuroses of the most distressing character are constantly met with. I have already referred to many cases being diagnosed as hysteria, whilst serious disease was overlooked. Such mistakes will become less frequent as the means of physical investigation and clinical research improve, but there remains this class of men who for want of rational treatment suffer from year to year, their ailments being regarded as imaginary, requiring moral suasion only.

Masturbation commonly but erroneously assigned as a cause.

Another rash assumption commonly made against these cases is that masturbation has originated them. When nerve symptoms arise from this cause melancholia in my opinion is not the chief feature: nor is insomnia. Anæmia is often present but the cases I am considering are never anæmic. Moreover, the depression associated with masturbation often occurs early in life, is not preceded by brain strain, is often characteristed by impairment of intellectual power, and may be closely related to the insane condition. In fact, lunatics do so commonly masturbate that masturbation is held by many to be a potent factor in the production of insanity.

I have already stated that these cases have a previous history of good physical and mental health, that they are not anæmic, and I must now add as another important negative feature, that they are not neuralgic. The vascular condition is most characteristic of the type now under consideration, and as it is an influential consideration in determining treatment its importance cannot be exaggerated.

Not neuralgic.

Vascular condition.

Signs of congestion.

The skin of the face and neck is usually ruddy, in marked cases the arteries of the neck pulsate visibly,

especially after food or stimulants, the pulse also is visible, the veins are full and in some cases feel as tense and round as the arteries.

Turgid skin, bright red mucous membrane, visibly pulsating arteries and full tense veins, associated with insomnia and melancholia without delusions, sufficiently define a certain class of sufferers, but there are many others of the same character whose vascular condition is not so typical. In some the signs appear conspicuously in the head and neck, but there is no marked congestion elsewhere. In the first class there is a general plethora of blood; in the second there is fluxion of blood to the brain only, a local plethora.

General plethora or local fluxion.

The case on p. 21 may be referred to as illustrating this fluxion of blood to the brain where there was no excess in the body. Although *these cases* are never anæmic I do not wish to assert that cerebral congestion never occurs in anæmia. Structural disease of brain and many conditions affecting other parts of the system may induce it even in general anæmia, but in the type of insomnia and melancholia I am now considering, there is no organic disease, nor fever, nor inflammation. Indeed it

would seem that the congestion is the sole morbid condition in a large number of cases if we may judge from the immediate and permanent improvement effected by depletion.

The head is sensibly hotter than it should be. The patient is conscious of this increased heat, and it is usually attended with abnormal subjective feelings in the head. These feelings patients often describe with difficulty. They complain of discomfort, not always amounting to pain: tenderness, fulness, tightness, contraction, occasional throbbing experienced more or less all over the head, but usually worst in the forehead. The feelings are not strictly localised nor are they ever unilateral. In very acute forms the headache may be maddening as in case on p. 61, when it has the same features as the congestion which precedes brain inflammation, and is attended by a bursting pain in the eye-balls, intolerance of sound and light, muscæ volitantes, &c. There is no such intensity of symptoms in the chronic cases, although at times the headache may be severe.

Complaints of symptoms. A special feature is the *constancy* of the discomfort in the absence of treatment. "My head never feels

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right" is a common statement. This constancy is characteristic of other clinical features of these cases and is of diagnostic value. It distinguishes them from the hypochondriac, who first imagines he has cancer of the stomach, then stone in his bladder, and as soon as he is persuaded of his error has another disease to be disposed of at the next consultation.

Its diagnostic value.

It may be taken as a rule in practice that where a symptom is constant a definite pathological condition underlies it. To describe symptoms as "nervous," is, as applied to these cases, the equivalent of saying that they are fanciful or fictitious. In opposition to this I maintain, that constancy in a sane patient is a test of reality, and such constancy is characteristic of the cases I now describe. If any delusion exist as to the genuineness of the symptoms it is the doctor's, not the patient's.

Any excitement, mental effort, the use of alcohol or even an ordinary meal may aggravate the head symptoms, notably the heat and pain. They are usually worse in the early morning or in the recumbent position, better in the cool air with the head uncovered.

Intolerance of wine.

In typical cases the intolerance of alcohol is marked, a single glass of wine producing fulness and heat of head. In some cases this intolerance has been observed before the onset of depression, the patient remarking "I never could take wine, it always went to my head."

Cold feet.

With this tendency to congestion of the head there is often associated a coldness of the extremities. This is a very constant symptom when depression has supervened, and is in many cases a valuable index as to the general state of the patient, the effect of remedies, &c. Artificial warming of the extremities has but little effect in cooling the head, but again and again have I seen the relief of general depression proportionate to the perfection of the natural circulation in the feet.

Application of an old proverb.

"Head cool, feet warm, and bowels open, you may laugh at physicians" is a good and true saying. These sufferers have hot heads, cold feet, and confined bowels. They are usually acquainted with many physicians.

Vertigo.

Giddiness is present to a variable extent; in some cases only on stooping or exertion, but in others so badly that the patient is afraid to walk along unless

he is close to railings or some support. I never knew any one fall or faint with it, nor do I think this a probable result. It comes on at irregular times, with very little warning, and when severe is alarming to the sufferer, who fears he is going to have a fit. A mist, haze or "cobweb" appearance before the eyes is usually associated with it. It is like the vertigo which often precedes an apoplectic attack, and is dependent on the congested condition of the vessels of the brain. It is one of the indications for bleeding by which it may be permanently removed. It is often erroneously interpreted as a sign of weakness or want of blood; and tonics, stimulants, &c., are resorted to instead of salines, aperients, and bleeding as in the case referred to on p. 86. Such patients do not become pale with their vertigo, and present no signs of faintness beyond an acceleration of pulse.

Restlessness.

With this peculiar combination of mental irritability and depression, of over activity and unproductiveness, there may be a restlessness which in some cases is so great that the patient cannot without great effort keep long in one place and position, nor fix his attention on any subject whether a topic of

conversation or reading, nor persevere in any work. All sedentary work is intolerable, the impulse to rush out of a house, to abandon work and wander aimlessly away is often irresistible. Nothing proves the absence of physical debility more than the severe and sustained exertion they impose on themselves under the influence of this restlessness which they thus seek to relieve. Some spend hours in night wandering, unable to stay at home in bed where they find neither rest nor sleep. In milder cases the restlessness at night may be relieved by some milder device as sitting up for a time, reading, walking about the room, changing the bed, &c.

Loss of flesh and strength.

No wonder that though they may eat well they gain no flesh, but on the contrary they grow thin. This, however, is not a serious symptom, as the loss of flesh is not great. Some assert that they lose strength, but in these cases it will usually be found that the loss is apparent, not real. The will for exertion is lost, there is no inclination to move or do anything with a purpose; the physical power lies dormant, as the driving power, the Will, is out of gear.

Latent physical power.

This fact is proved in those cases where after

leeching, strength is at once regained, although previously great weakness was felt; shewing conclusively that the strength must have been there although dormant, as it could not be generated *de novo* by bleeding although the will power may have thereby been set free.

Liver theory.

Signs of digestive disturbance are in many cases so prominent as to led to the opinion that they are the *fons et origo mali*. The patient is prone to believe that his liver and stomach alone are at fault, because the depression and other nerve symptoms are closely associated with abnormal feelings referred to the abdomen. The term "hypochondria" signifying "under the ribs" shews an ancient recognition of the connection between brain and stomach. The tongue is usually disordered; it is often large and flabby, marked by the teeth especially in chronic cases; it is more or less coated. The secretions of the mouth are scanty.

Flatulence of stomach.

Flatulent distension of stomach is common, often producing great abdominal pain. J. B's. case, p. 80 is the most marked illustration of this I ever met with. He was distressed by large volumes of flatulence, which caused violent and irresistible belching

attacking him often whilst taking food. This flatulence causes palpitation and other distressing feelings about the heart.

Nausea, acidity and burning sensation about the stomach may be felt though not so constantly as the flatulence. Food is taken well enough, but without relish, and there is great tendency to "bolt" everything. After meals the discomfort of head and stomach is usually increased.

The bowels are usually confined, but these patients soon acquire the habit of taking aperient medicines, having an instinctive dread of constipation, which they believe to have some connection with their worst attacks of depression. There are no symptoms on which they expatiate so much as the state of the tongue and bowels, and experience teaches them that a certain amount of relief is got by free purgation. The tongue is with them the index of health. How natural, therefore, for them to concentrate their attention on so important and accessible a point of observation.

Importance of congestive condition.

Finally I must again draw attention to a point I cannot too strongly insist on, that though the symptoms may be cerebral or gastric, the condition

of the circulation is the special and distinctive feature of the type of nerve cases I am now considering. It is the condition which is most amenable to treatment, its relief is often followed by recovery without the use of medicine, and where the result falls short of this, other treatment will be found to act which had previously been inert. The congestion of the nerve centres may be part of a general plethora, or the fluxion of the blood may be restricted to the head, the superficial vessels not being distended. Anæmia is never present, not even in an allied class characterised by nerve depression with very low arterial tension. There is no difficulty in recognising this as an asthenic type unsuited for treatment by depletion. In this type the symptoms are not so constant nor so prominently centred in the head, there being no special heat of head ; sleep may be good, and intermission of symptoms occasionally occurs.

Never anæmic

Asthenic type.

It may be asked why have I not described these cases as neurasthenia. The answer is that the term neurasthenia conveys no definite information, and is applied to totally different types of disease. The Weir Mitchell treatment, for instance, is

Vagueness of the term neurasthenia.

applied to one type described by Dr. Playfair as "characterised by anæmia, anorexia, very slight consumption of food, emaciation often extreme, great physical weakness, and most frequent in women." Again, "typical cases are old-standing bed-ridden and wasted invalids, or the hysterical cases who are dependent on the sympathy and attention of their friends." In every feature this is the reverse of the type I describe, and the treatment is the very opposite, although both may be placed under the head of neurasthenia. The term is useful as implying a large and heterogenous group of cases characterised by functional nerve disturbance, but this is only the beginning of classification, and as the different types present so many features in common, it is difficult to subdivide so that each group shall include only its own type. To speak of a sthenic neurasthenia sounds paradoxical, yet it is true as applied to the special class I am describing. The most generally applicable term descriptive of this type is "congestive neurasthenia." This term indicates the prominent symptoms of nerve debility, and the characteristic signs of cerebral congestion with which they are asso-

ciated. I think the essential type is thus defined, although great variety will be observed in the features of individual cases more or less dependent on natural temperament and disposition, age, mental occupation, general habits, acuteness of attack, whether associated with local fluxion of blood or a general plethora, &c.

Rational treatment.

The treatment of the typical cases of this class of disease is indicated by the characteristic clinical features. These suggest reducing measures, but as a matter of fact, tonics are usually prescribed.

Intolerance of tonics.

Iron determines to the head, deranges the liver, and aggravates the symptoms; quinine fails to relieve and is rarely an appropriate remedy; strychnine may improve to a small extent but is not curative, nor are arsenic, phosphorus or other nervine tonics more reliable. Sedatives are largely used, especially chloral and bromides. Hardly a single case escapes a dosing with the bromide of potassium. Opium does not relieve the brain congestion nor remove the depression. To avoid any accusation of the indiscriminate adoption of a routine treatment in all cases of nerve depression, I cannot too frequently repeat that I am at present

Abuse of sedatives.

These idiosyncrasies restricted to a certain type.

considering but one class who, in spite of their misery, are characterised not by want of nerve, for they are too full of it; they are of the neuro-sanguineous temperament, not naturally indolent or phlegmatic, but active and energetic, never anæmic, usually males of mature age. Nervous symptoms with depression exhibit many other types, requiring a different treatment, often tonic and stimulating. My present object is to draw attention to the fact which I have proved again and again in my own practise that there are many cases of nerve depression which can only be successfully treated by bleeding, saline aperients, low diet, and no stimulants, though they are usually treated by directly opposite remedies. The description already given will serve to identify the cases with precision, and distinguish them from allied types. The absence of anæmia and neuralgia, the presence of melancholia without delusions in healthy people, insomnia, suffusion of face, neck and conjunctivæ, vertigo and other abnormal feelings about the head, visible arteries and full veins with intolerance of stimulants and iron tonics fairly characterise the type. Many are as intolerant of chloral and opium as of iron and

stimulants. Instead of soothing and producing sleep, they may excite and provoke the greatest distress, especially where the signs of brain congestion are prominent, viz., heat of head with throbbing vessels, abnormal feelings *all over* the head as aching, tightness, fulness, pressure, bursting, &c. Such symptoms may arise acutely in connection with other disturbances of the system and as the same treatment is applicable for their relief, I will quote a case to illustrate the clinical features.

Case illustrating symptoms and treatment of cerebral congestion apart from nerve disturbance, but secondary to systemic derangement.

A very healthy woman, æt. 35, mother of several children, was attacked about a week after her confinement with fulness about the head, insomnia and great depression. Her medical attendant attributing the symptoms to lowness and weakness ordered port wine and a supporting treatment. In a very short time all the symptoms were aggravated, every object she saw appeared to be blood-red, inflammation of brain was diagnosed, and she passed through a critical illness of about two months.

Results of treatment by stimulant.

Results of depletion.

Some years afterwards I attended this same patient in a miscarriage a few days after which she was attacked with fulness, aching and heat of head with profound depression. The headache she described

as unbearable and she anticipated an illness similar to that above mentioned, as the premonitory symptoms were identical. I applied leeches to the back of the ears and temples, relief was speedily obtained, she had a comfortable night, felt well in the morning and made a rapid recovery.

Very few would allow that bleeding is permissible after a miscarriage or labor, and I admit this is the only time I have adopted it under such conditions.

Rational practice *v.* rule of thumb.

Experience teaches the folly of being blindly led by rigid rules of practice. Some say never bleed or adopt any lowering measure in cases of mental depression; never allow beer or beef in albuminuria or a crumb of bread when sugar is in the urine; never allow anything but milk to infants; if we practice on such inflexible lines our patients may perish by our prohibitions.

Third attack in the same patient.

But to our point. This case has been again leeched under circumstances contra-indicating any lowering measures if it were possible to avoid them. Five years have elapsed since the above illness. For the last two she has had frequent passage of gravel and an intractable diarrhœa profuse and watery, the so-called nervous diarrhœa. She had no gout. The

appetite was so bad that the luxuries of diet or the plainest elements were equally repulsive to her, and she consequently got much below par, and the symptoms of disease of the apex of the left lung developed, tending to consumption. She was about 43 years old, had been quite regular till about ten days ago, when the period came on, but ceased in a day, leaving a violent headache which confined her to her room. The usual remedies gave little or no relief, and at the end of a week I received an urgent message in the night to see her. I found her in the greatest distress and prostrated by a headache which she described as agonising and unbearable, being of a full, hot bursting character, with intolerance of light and sound. The pain affected the whole of the head which was very hot and radiated to the nerves of the eyebrows and face. Although, for reasons above described, I was reluctant to bleed, the intensity of her distress, the failure of previous measures and her urgent appeal for speedy relief gave me no alternative. Leeches were applied behind the ears with marked effect. The fulness and heat of head were relieved, but a violent neuralgia of the fifth nerve appeared. The neuralgia almost certainly

Effect of leeching.

Congestion cured and a neuralgia unmasked.

existed at the time of the leeching but was masked by the general congestion of the brain and indistinguishable from it. The congestion was cured by the leeching; the neuralgia was revealed, but not produced, by it. It gradually subsided and in a few days was lost. This case illustrates congestion as a symptom and its direct treatment independently of any malady with which it may be associated; but in the nerve cases I am now considering it is more than a mere symptom; it is the pathology of the malady and in some cases apparently the sole morbid condition on which every symptom depends, for on its removal by bleeding I have seen an immediate return to health.

Congestion as a primary symptom in nerve cases.

Similar symptoms dependent on it whether primary or secondary.

Cerebral congestion, whether an accidental complication of some other disease in the system as cerebral tumour, delirium tremens, etc., or forming an integral part of the malady, as I believe it to be in certain forms of nerve depression, produces essentially the same signs, varying in acuteness but not in nature. In very acute cases pain may be intense and the congestion resemble the inflammatory type. Indeed, the case above described was considered in the first attack to be inflammatory, but the absence

Acute cases contrast with the chronic only in intensity.

of delirium, coma, double vision or any form of paralysis renders that diagnosis more than doubtful. The chronic cases require a treatment similar to the acute; in both classes most drugs are useless, whilst leeching is markedly beneficial under the indications given.

Bleeding not a severe remedy.

Bleeding in any form is now so neglected by the profession and in such ill favour with the public that some assurance may be needed as to its harmless character. In these nerve cases when indicated the first thing necessary is to assure the patient that the remedy is incapable of harm if properly managed.

Applicable to the relief of congestion at any age.

Even where no benefit has been derived I have never known any harm result. I have leeched in one case over the 80th year giving complete relief to urgent symptoms of pain and heat of head, hazy vision, vertigo and pain in the back,—symptoms not uncommonly associated in healthy people at advanced ages. An old time keeper of the Brighton Railway Company had similar symptoms removed by leeching when about 70 years old. I am at present attending a gentleman in his 80th year who for the last year has lost large quantities of blood from the bladder, and recently the loss has been so profuse as

Extreme loss of blood in disease at an advanced age shewing great tolerance.

to blanch him, yet it has not imperilled his life, and after a night of pain and hæmorrhage his morning pulse was only 70. Certainly he is a wonderful exception, but I have no hesitation in saying that a moderate hæmorrhage at an advanced age is often of the greatest service in relieving vascular tension and prolonging life. Vascular tension after middle life is a serious condition and is often the weapon by which the last fatal stroke is inflicted. Loss of blood in operations after accidents, and from disease, is easily made up if once the flow be stopped. Bleeding does not directly produce disease; so long as there is enough blood to nourish the brain and heart the other organs may discharge their functions perfectly. Wounds often heal well and patients rapidly recover after they have nearly bled to death. Recognising these facts what ground of alarm is there in the hæmorrhage carefully induced under medical supervision. There are many whose lives would be rendered longer and more secure by the occasional bleedings to which their fore-fathers were accustomed. I do not advocate a return to the general and indiscriminate use of the lancet which characterised a past era and ended in a reaction

Advantages of hæmorrhage in relieving vascular tension after middle life.

Loss of blood after operations, accidents, &c.

Loss of blood may lengthen life.

which led to the complete neglect of a most valuable resource in the treatment of certain conditions of system; I merely advise its moderate use in specially selected cases, but believe that its application is capable of vast extension, and that in the medicine of the early future the indications and methods of bleeding will be defined with an exactness in accordance with our modern systems of therapeutic investigation and clinical record. A theoretical objection may be raised that the volume of blood is so rapidly recovered by absorption that bleeding can effect no permanent improvement. This may apply where vascular tension is normal, but where high tension is reduced by bleeding I have again and again found a permanent impression made on the pulse as though absorption stopped at the normal instead of restoring the old state of tension and congestion.

Theoretical objection of reabsorption.

A careful investigation of the clinical features of a case will be the foundation of the opinion as to the suitability of bleeding, but this may be confirmed by certain lines of treatment. If symptoms, especially of head, be aggravated by stimulants or iron tonics, but if light diet with blue pill at night and some saline laxative in the morning relieve, the assump-

Indications for bleeding afforded by treatment.

tion is safe that bleeding, which will act in the same direction, will be beneficial. Most of the cases coming under my care undergo a preliminary investigation of this kind unless the indications for bleeding are very obvious.

Prejudice against depletion in the treatment of nerve depression.

The assertion that nerve depression may be cured by bleeding is received with scepticism in some critics amounting to unbelief, but with the knowledge and conviction in my own mind of its absolute necessity in the treatment of some cases I am impelled to publish my views, which a larger personal experience and a more general testing must confirm or modify. An instance is quoted on p. 86, in which an eminent physician sharply criticised the very moderate depletion to which the patient was subjected. As another instance shewing prejudice against such treatment I recall a discussion on melancholia in which I stated the good results obtained in selected cases from bleeding. I asked the opinion of an authority present who disdained to recognise any possible service from such treatment, although he had had no experience of it.

Happening for the first time to see Dr. Savage's new work on *Insanity* I took it up and opened on

the following case, shewing the relief of insomnia by leeching. It is under the heading of "Brain Hypochondriasis," and is related in the patient's own words:—"I am a medical man and my age is 47. I always had a very good constitution and possessed great muscular strength, active habits and an excitable temperament. One morning in March, 1879, being at the time in perfect health I was tempted to commit self-abuse. I had done it before, but not very frequently, having foolishly abstained from marriage. I was immediately afterwards seized with giddiness. Whilst dressing before the looking glass I noticed that my face was flushed in a manner I had never before seen, being livid and congested and of a dark purple hue. My pupils were also exceedingly dilated at the time. On that day I felt my gait tottering and my temper disposed to be irritable. That night I had very little sleep and suffered severe pain in my head. From that time sleep departed more and more. I resorted successively to every known narcotic drug, gradually increasing the doses, until I gave them up as inert. I went away to mountain scenes to try change and exercise, but no benefit accrued. I returned and made a desperate struggle to carry on

Testimony of an insane patient.

my practice, but finding myself becoming worse I went to the Hydropathic hospital in Yorkshire and underwent the treatment there without any good result. I then transferred myself to the Leeds Infirmary and was under Dr. Clifford Allbutt. There drugs were given me, but nothing produced sleep. *I prayed to be bled or leeched but was refused.* I then bribed the nurse to put fifteen leeches on my temples after which I obtained, for the first time for many months, three hours' sleep. I was so pleased with the result that I dressed myself and returned home to my practice."

This is a remarkably interesting but very sad case, as he ultimately became an inmate of Bethlehem hospital. His instinctive feeling of head congestion, his urgent desire for leeches gratified by bribing the nurse and the temporary relief to the insomnia after their use suggest that the case may have been originally of a simple congestive type of neurasthenia and not an insanity. In the absence of other details it would not be possible to affirm this, but if it were so, early and repeated leeching with other treatment might have averted his dreadful fate. A single leeching never suffices for the cure of such a case,

Single leeching may relieve but not cure: relapse usnal.

however great may be the immediate relief; a relapse is inevitable but it should be met by the same treatment.

The question as to the part taken by brain congestion in the early stages of certain forms of insanity is beyond the scope of this work, but the opinion just expressed that it may have had something to do in the above case is not without the support of clinical evidence. I was recently consulted on behalf of a married woman, æt. 46, who for more than six years has been subject to uncontrollable emotionable disturbance, being constantly engaged either in weeping or laughing, attended by a uniform melancholy. Her father died in an asylum. Previous to the onset of this condition she had been an active business woman, but for the last six years she has been incapacitated from domestic duties, social intercourse, or business management. She had been diligently attended at home and away from home, but derived no benefit from drugs, rest, change or other treatment. She had no delusions. I diagnosed an emotional insanity which was likely to develop in course of time into a more serious form. Convinced that no drug was worth prescrib-

ing, I, as a last resource, suggested leeching, though careful not to promise any good from it in such a case. The result was beyond all anticipation. The pulse fell from 92 to 72. The emotional attacks disappeared; she felt and appeared so bright that she wrote to her husband that she would soon return home quite well. In a few days she relapsed. A second leeching had very little effect, but a third was almost as effective as the first and the result more enduring. How the case will end it is impossible to say, but the present improvement (three weeks after the third leeching) is so great as to afford a reasonable hope that her cure may yet be effected, and confirmed insanity, the usual drift of this condition, be avoided.

I have diligently sought for any record of cases treated on this principle but without success. There is a brief but interesting report by Mr. J. Brown of Bacup, in the *British Medical Journal* of January 3rd, 1880, of three cases of insomnia and headache cured by bleeding, the cure being immediate and permanent, the headache disappearing before the bleeding was complete, and natural sleep was at once secured, though chloral and other sedatives failed to produce it. These cases prove what I am

already convinced of, that venæsection is in some cases more reliable than leeching, as in the case of J. B., p. 80. I have also noticed a case recorded by Dr. Hare in his work on *Good Remedies out of Fashion*, of severe and constant headache in a girl of several months duration, which yielded to leeching, adopted after considerable opposition from the parents. The case illustrates a point I have already insisted on that a relapse commonly follows the first leeching.

Safe and speedy remedy.

The best that can be said of a remedy is that it is safe and that it will act speedily. Both these advantages can be claimed for leeching and in suitable cases for bleeding from the arm. I usually begin with eight leeches, four over each mastoid process, applying them late in the evening and allowing the bleeding to stop naturally during the night. The usual effect is sound refreshing sleep, but even where this is not secured a feeling of restful calm is enjoyed.

Method of leeching.

Not restricted to any class.

When first I studied this subject I thought the affection was almost restricted to the well-to-do middle class, actively engaged in responsible, brain-taxing work, but I have since found some typical cases in humbler spheres of life. The following is an example:—H. C., a coachman, æt. 50, married,

Example in a coachman.

a strong, muscular man with face and forehead deeply lined, depressed aspect, always temperate, states that he has been to so many doctors, finds nothing do him any good and feels ashamed to speak of his symptoms as he cannot explain his feelings, and feels convinced that no one suffers like himself.* He has never been well for 20 years, and the chief abnormal feeling is referred to his head. It is not actual pain but heat and fulness. His temples throb and he feels the pulsation of his vessels under his fingers. Giddiness occurs almost every day; he feels as though he were going to fall and tries to relieve the feeling by belching up wind, taking carbonate of soda, etc. Sleeps from 11 p.m. to 6 a.m., but feels in the morning as if he had had no sleep; often dreams horribly. Eats fairly well but without relish; he has a perpetual feeling of discomfort over the epigastrium, sometimes amounting to pain. Conjunctivæ dull and injected, pupils normal, carotids pulsate visibly, external jugular veins very full, veins of arm very large, probably from his work, as

* This is a common experience among these patients who fancy their symptoms are peculiar to themselves, and that being difficult to explain or understand it is impossible to cure them.

the arms are extremely muscular, and he says the veins used to be larger than now. When first attacked, 20 years ago, he at times felt as though he could not see, yet at the same time conscious that there was no real defect in his eyes. When driving he feared to turn his head round and felt nervous when other vehicles passed him.

I prescribed arsenic and sumbul. He went to Tunbridge Wells for a month but reported himself no better on his return. "Two hours work are worse than eight should be to me; I feel awfully miserable and have a peculiar feeling in my head as though something dreadful is about to happen." He had tightness or stiffness (so described) about his eyes with slight dimness. Radial and superficial volar arteries very visible.

I ordered six leeches at night. He had not a very good night but in the early morning felt as if there were nothing the matter with him. After breakfast he did not feel so well.* Although the improvement

* This closely resembles the case described on page 9. That gentleman after years of illness slept well after his first leeching, felt quite well before breakfast but relapsed to some extent soon after.

was obvious and maintained, having lost his misery and being able to look people in the face and do his work ever so much better; he did not feel right about his head. He was, therefore, again leeched and in the morning he described himself as feeling *much stronger* and equal to the charge of six horses instead of one; positively happy and head quite clear. He ate a good breakfast with unusual relish. His aspect was much improved, face not suffused, eyes clearer, deep lining of his face partly effaced. I saw him a fortnight later. He stated that he felt much better in every way, was sleeping well, eating with more enjoyment, feeling equal to his work which is now a pleasure to him, and he cannot endure being idle.

Cases of coachman and gentleman compared.

This case illustrates several points of importance. Observe the close resemblance to my introductory case, p. 9. They are in opposite social circles, but when well are active, strong, muscular men, free from any taint of or tendency to disease. They are both unfitted for work, not in the sense of total incapacity, but their state is such that every act is undertaken and endured with a sense of effort. Both feel quite well after the leeching, but relapse

after breakfast. Both have gastric and many other symptoms in common; repeated leeching is necessary, in both cases the congestive condition being relieved, their original active temperament is revived and idleness becomes insufferable, work a pleasure. Leeching is the true tonic in each case, and the coachman specially points out that contrary to his expectation he feels stronger after it. The cases have a further personal interest to me representing the first, and at the time of writing, the last case treated by this method.

Cases of brain strain from fast living.

The following cases had their origin in fast living and over-stimulation, both fruitful sources of brain strain, the antecedent of brain depression.

B. C., æt. 26, a strong, muscular, healthy looking fellow, married; ten months ago whilst very actively engaged, in addition to his ordinary work (brewer's collector), in organising a bonfire festival, he was attacked with a sudden pain in the heart, choking feeling in throat, and fear of impending death. This choking feeling returned from time to time for four months. It sometimes attacked him at night, and forced him to jump out of bed, sometimes at meals preventing him swallowing. He was

restless and depressed day and night. His sleep was bad, unrefreshing, and disturbed by awful dreams; he often spent part of the night in walking to relieve his restlessness. He had frequent giddiness and an uncomfortable feeling all over the head, which was hot, but no actual headache. He was extremely nervous and miserable, and could hardly stay indoors night or day. He suffered in this way for four months, and then got much better, but had occasional vertigo. He now complains of a feeling about his heart which inspires intense dread, some vertigo with a weary aching feeling about his eyes. These symptoms will probably yield to ordinary treatment without leeching, but a review of the case is interesting as it illustrates a special but not uncommon type of brain congestion. The attack was earlier than usual in this malady, and its onset was very acute. Its cause was alcoholism and the brain excitement of his bonfire sports. He assured me that he often drank large quantities of raw brandy without intoxication, although the same amount diluted would have rendered him incapable. The only explanation I can give of this is that the stomach would not absorb the raw spirit on account

of its hardening powers over organic tissues, and that much of it would thus be passed unchanged through the intestines. The symptoms were partly those of acute alcoholism, though in the intense restlessness, depression, insomnia, and peculiar nervous feelings extending over four months, there is an evident relationship to the acute form of congestive neurasthenia. I believe his original illness might have been shortened by leeching.*

A second case I may mention is that of a gentleman æt. 28, married, of extremely vivacious temperament, active in mind and body, but unfortunately a thorough Bohemian in habits and tastes. To be in the least degree unhappy or depressed was a thing practically unknown to him, but he had now come from London to consult me as his depression was "something awful." He felt unstrung, good for nothing, would not mind if he were to lie down and die. His head was "indescribably queer," hot but

* The nervous symptoms in this case not yielding to ordinary treatment as was expected, leeching was tried with the best results, the man asserting that he had never experienced such relief from any other remedy in spite of the fact that he was engaged in the exciting occupation of betting, electioneering, &c.

free from pain; he had vertigo, slept badly, and dreamt vividly.

I stated in my description of the conditions antecedent to nerve depression that "honest labour with none but cultured and innocent pleasures may in one case induce that brain congestion, which in another is due to over-stimulation, over-excitement and dissipation."

Prognosis and treatment of such cases.

These two cases illustrate the latter type. Their prognosis is always good, especially in first attacks. The principles of treatment are rest, withdrawal of stimulants, drugs are to be used with caution, as tonics are often ill-borne, and I think it safer, if there be insomnia with obvious signs of congestion, to leech than to give chloral, opium, or other sedatives.

Case of acute brain strain from shock.

The following case, in which trouble was the cause, I read at the British Medical Association Meeting of 1886

J. B., a middle aged man, a model of physical strength and putting aside his careworn aspect, of robust appearance, a stranger to drugs and doctors till a few months ago, when, after the shock of a domestic calamity he became profoundly wretched and sleepless.

When I first saw him he complained of a dull aching all over his head with intense depression, or in his own words "my life is a misery to me." He could not keep at his work during the day nor could he remain inactive. His wretchedness never deserted him for a moment. His night restlessness was so great that he would often jump out of bed and wander miles in the middle of the night, and on returning find himself still unable to get a minute's repose, or forced again to rush away from home. He had occasional vertigo and a numb feeling in his left arm. He could eat, but dare hardly do so, on account of the great amount of flatulence which distended his stomach soon after food and caused violent and irresistible belching. This would often interrupt his meals, and force him to rush out of the room.

The skin of the face was somewhat turgid, the head hot, pulse full, tense and visible, about 70, veins distended and in the arm, large and cord-like. To sum up, we have a fine, strong, healthy and temperate man, (a total abstainer for a year before this break-down), suffering from melancholia, insomnia and the so-called flatulent dyspepsia. Of course,

like most such sufferers, he was convinced that his liver and stomach were the offending organs, and that if they were righted the other symptoms would go. On this theory he had been treated for some months by one of the most able and careful physicians of this town, but no medicine, of which he had taken freely, did him the least good. I carried out some preliminary treatment, sufficient to convince me how useless drugs were, and then ordered leeches.

According to the man's account next morning, he had bled freely and was none the better. It was, indeed, apparent from the state of his blood vessels that the loss of blood had made no impression on him, and I decided to bleed from the arm.

With the aid of Mr. Morgan, our then House Surgeon at the Royal Alexandra Hospital, I bled him to thirteen ounces sitting up in bed. No faintness was produced, but he felt his head get better and the numbness went from his arm at the time. He had a good night, felt much better the next day, had a slight and only temporary relapse, *but the depression never returned*. He soon resumed his work and made a perfect recovery.

His slight relapse was probably similar to that

which I always expect after a first leeching, but may have had something to do with his arm which became painful at the site of the venesection, and had to be kept in a sling.

The sudden death of his wife was the nerve-shock which originated this state of melancholy. Up to that time he had never felt ill. His occupation (gas-meter factor) under ordinary circumstances brought no undue strain upon his nervous system.

His flatulence persisted for some time, although he did not consult me about it. It was relieved by medicine which his club surgeon gave him, but constantly returned. Finally, he was attacked with diarrhœa, after which it permanently left him.

The wretched restlessness of this man previous to bleeding was pitiable, and seemed to verge on that of a lunatic. Even whilst at his work he would suddenly rush out of his work-shop again and again during the day, impelled by an uncontrollable feeling. Sometimes he wandered about nearly all night causing the greatest anxiety to his friends who dreaded self-destruction.

He amused me by narrating the following:—A few days after he was bled, he was watching the

volunteers return home from the Downs after the review of 1885. An old gentleman observing his arm slung asked what accident he had met with. He replied that he had had no accident but had been bled. "Bled" exclaimed the old gentleman "I have never heard of such a thing since I was a boy. *It must have been a very old man who bled you!*"

This case illustrates the dyspeptic type of nerve derangement, all his symptoms being referred to the stomach, and on this theory he had been treated for several months without the least benefit. How easy for doctor and patient to assume that his was a liver case, and indigestion the cause of his nerve depression. On the other hand it is not easy to assure a man that in order to cure his indigestion he must first lose blood, in spite of his feeling so low and wretched, that in his own words his life is a misery to him.

Case where congestion was associated with middle ear disease.

The next case is not typical as the patient had middle-ear disease with deafness and tinnitus aurium, but I quote it as a case in which the brain congestion of middle life, though associated with organic defects of the auditory apparatus, and probably even dependent on it, was nevertheless, more relieved by leeching than by other means.

J. P., a healthy looking man, æt. 40, married, good family history, never had any illness till July 1883, when after some great anxiety he was attacked with giddiness and retching. He was confined to bed for three weeks, could not get up without vertigo, has ever since been very nervous, and never feels well. He has had similar attacks since, which prostrate him for a time.

I first saw him in March, 1884, he looked strong and healthy physically, but his aspect was heavy and depressed. His chief complaint was fulness about the head, roaring noise in ears and vertigo. He was prone to flushing of face and head on slight excitement or stimulation. He was much depressed in the morning. I gave him arsenic and nux vomica as tonics with aperient pills, fish diet and no stimulants. He was a most temperate man. His symptoms were alleviated but not lost; he had less vertigo, and his depression was not so great. On April 10th, he was leeched for the first time. His pulse fell from 84 to 72, he was relieved of the giddiness, felt lighter and more capable of exertion, and for some days had no feeling of fulness about the head. A week later his pulse was 72, soft and

compressible, he had no vertigo, but the deafness and noise in the ears were as bad as ever. He found himself able to resume his work and perform his duties with ordinary effort. An interval of some years has elapsed since this leeching, and the patient has been free from his old attacks till lately. I have treated him with medicines, and induced him to have some weeks in the country. He has returned, however, with his vertigo and vomiting so severe that he asked to be leeched again.*

This may be considered a case of Ménière's disease. It cannot be cured, but the relief of urgent symptoms dependent on congestion, secured by leeching is notable.

Example of prevailing prejudice against bleeding.

As an example of the vigorous manner in which any lowering (so-called) measures are repudiated by the profession, I may mention a case sent from London to Brighton for change, who was suffering from well-marked congestive neurasthenia of several months' duration. He was in great distress when I first saw him, and finding the usual remedies afford no relief I ordered leeching. Great relief followed,

* This was immediately done, relief was speedy, and he resumed his work at the end of a week.

which raised hopes of rapid improvement, but, as is common after a first leeching, he relapsed, returned abruptly to London, and got the opinion from an eminent consultant, that instead of having blood taken out of him, he wanted some put into him.

Commentary.

That this is a fair representation of the views generally, though not universally, held will I think pass unquestioned. The man who received this advice was a strong, well-nourished, full-blooded dairyman of sound constitution, and who, previous to this illness, had never been incapacitated from work. Let me ask any rational authority whether it were better to give such a man more blood to distend the vessels of his brain, or take some away and relieve their tension.

A parallel case.

The following case affords so close a parallel to that just quoted in its etiological and clinical features, that I report it in some detail as my treatment was honestly carried out.

B. W. J., æt. 28, a strong healthy looking man, though somewhat spare, never had any illness till nearly two months ago. He had been subjected to some worry and anxiety in changing his business. He first had pain at the top of his head. He had

never previously had any pain, tightness, vertigo, or other abnormal head feeling. He was always intolerant of stimulants, which even in small quantities produced flushing of face and head. His present headache has been incessant for five weeks; it is worse on lying down, after walking in the heat, or after reading. He cannot read for more than five minutes, his vision becoming hazy, nor can he give attention to what he reads. He has no interest in anything except his own constant sufferings. He is extremely restless night and day, his aspect is dejected and careworn, and he feels wretched and hopeless. Appetite fairly good, tongue pale, moist, tremulous, with a few red papillæ. Bowels confined, not acting well even with aperients; constipation habitual. He has very bad nights, may sleep for about two hours, and keep awake for nearly the rest of the night. Has lost weight and strength but not much. Pulse 108, firm and resistant. Has heat of head and other objective symptoms indicative of congestion. Has always been temperate. He attributes his illness to sun heat, but owns to having been worried by his business. Has heen treated in London without the least improvement, and has been sent to Brighton for change.

Aug. 7.—I ordered six leeches behind his ears, also a draught of bromide of potassium, tincture of henbane, and chloroform water at night, and a saline aperient in the morning.

Aug. 8.—Aspect much improved; describes himself as feeling much lighter and less depressed; much less pain and fulness in head; slept better; pulse 90; even, and softer than yesterday.

Aug. 11.—Distinct relapse; head bad; mental depression intense; pulse 96; tongue coated; breath offensive. Again leeched; to take liq. pot. arsenitis in an effervescing mixture.

Aug. 12.—Better but still very low; pulse 72; can lie down without distress (his head symptoms were always much worse when recumbent); tongue flabby and slightly coated.

Aug. 14.—Has less head pain and feels brighter; head worse on lying down; sleeps better. Nape of neck and upper spine to be blistered; effervescing mixture to be continued; aperient pill at night; no draught (calmative). Pulse 96; evident flushing of face and head.

Aug. 18.—Sleeps better than ever; less depressed and head feels relieved; thinks he could now work;

pulse 84; tongue not coated but pale and moist. Ordered cold water shampooing of head.

Aug. 21.—Says he feels "nicely;" pulse 72; slight discomfort about the head, but not at all marked; sleeps well, not restless in the day, and can always lie down in comfort. After the first shampoo he felt perfectly well for a time; the second had not such a marked effect.

Aug. 25.—"Doing splendidly," with the exception of a slight pain at the occiput, he feels himself again; can read and sleep well; tongue clean and not tremulous.

Aug. 27.—Returns home; feels somewhat weak but not a trace of depression.

Commentary. The case is not an uncommon type, and the difficulty of effecting a speedy cure by change of air, drugging, &c., is universally recognised in the profession. Yet his recovery was effected after fourteen days' treatment, for although he did not go home till the 27th of August, he felt and looked nearly well on the 21st, and the first leeching was on the night of the 7th. The treatment was unusually active, as his business affairs needing his personal attention, it was urgent to effect the cure as speedily as

possible. Hence, I leeched the first day I saw him. The effect of the leeching in lowering the pulse was very marked. The first relieved the more urgent symptoms, and even in his relapse he was not so bad as when I first saw him. He then wore the aspect of despair, worried incessantly, was restless and incapable of engaging in the simplest work. The second leeching lowered the pulse more than the first. This is very frequently observed and affords convincing proof that the treatment is appropriate. The loss of blood is not more felt than in the first, usually not so much; the relief in bad cases is often greater, and the relapse of reaction is not so severe. Where the pulse is excessively slow, it should be quickened by depletion, where it is over 90 it should be reduced in frequency.

Second leeching usually more beneficial than the first.

Effect on the pulse an indication of its value in a given case.

There are many cases in which venesection would, I am sure, be the most rapid and efficacious treatment. The case of J. B., p. 80, is an instance where leeching made no appreciable impression on the symptoms, whilst thirteen ounces of blood from the arm relieved the head immediately and permanently. My present experience of venesection is small, but I have no doubt it may be resorted to more frequently with the best results.

Venesection.

Case of brain congestion associated with organic disease.

The following may be worth recording as illustrating the manner in which bleeding is discountenanced by even the seniors of our profession, whose early experiences might incline them to look more charitably on such a good old-fashioned remedy. A young professional friend, suffering from organic brain disease with partial paralysis, came to stay at my house. The paralysis was mending. During my temporary absence from Brighton he had an exacerbation of his symptoms, and another physician, an old friend of the family, was summoned. When I returned on the following morning, he had obtained no relief from his distress. He was confined to bed with intense heat and pain of head, slow full pulse, throbbing arteries, profound depression and acute anxiety as to another attack of paralysis. I at once sent for leeches, and whilst they were on the physician arrived who had been summoned in my absence the day before. After seeing him and adjourning for consultation he urged me to remove the leeches, that bleeding was the worst thing possible for him, and that none of the family, of whom he had known two generations, could stand any lowering measures. So positive

Professional criticism.

and earnest was this opinion that my confidence was shaken and I became nervous for the result. Although I let the leeches have their fill, I stopped the bleeding, which was free, very soon after, contrary to my usual practise. I left Brighton in the afternoon, and the next morning returned to my house eager and anxious to know the condition in which I would find my friend. My first impulse was to rush straight upstairs to his bedroom, but I was arrested by a hearty laugh from the dining room and a call "here I am," and to my intense relief I found he had breakfasted downstairs, he had slept splendidly, and his head was so light and clear that he declared himself better than he had been since his first attack. Needless to say how grateful he was for the leeching, nor could I refrain from telling him in what a state of suspense I had been as to the result.

A welcome surprise.

I think it needless to record more cases to prove what I trust has been fairly demonstrated, that some people suffering from the most painful and unnatural depression may be cured by the much neglected and discredited remedy of "bleeding." The cases I have given in which other and carefully directed

Conclusion.

treatment has been unattended with the least improvement although aided by every collateral measures that money could buy or medical skill suggest, and which have immediately yielded to bleeding prove not merely its value but its absolute necessity as the only means by which the nervous system is restored to its natural condition.

I am not anxious to start or uphold any special theories as to its action; my purpose is sufficiently served if I indicate with proximate precision the chief clinical types in which the remedy may be resorted to with confidence. These types vary more than is here recorded. This work is far from exhaustive of even my own experience, for, after the manner of most men engaged in family practise I make notes of but a small proportion of cases.

I have been reminded by a coach-builder that six years ago I leeched him for an intense headache, which constantly recurred in violent paroxysms, disabling him from work. He assures me it has never returned. I have not a note of the case, and the fact of having leeched him had entirely escaped my memory. Many such cases have occurred without my retaining any record. Nor is this brochure in-

tended to be descriptive of every detail of treatment, nor of any one system of treatment in its entirety, nor of all the varieties of functional nerve disturbance. Its chief object is to establish the value of a remedy which appears to be practically discarded by the profession; although, when discriminately applied it is capable of relieving suffering as real and intense as any for which medical aid is ever sought.

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